

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive

Waterbury VT 05671-2060 http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

May 18, 2018

Richard Wrase, Manager Hilltop Recovery Residence 94 Westminster Terrace Bellows Falls, VT 05101

Dear Mr. Wrase:

The Division of Licensing and Protection completed a complaint investigation at your facility on May 15, 2018. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

Pamela M. Cota, RN

mlaMCHaRN

Licensing Chief

Division	of Licensing and Pro	otection				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	2224		B. WING		C 05/15/2018	
		0604			05/	13/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 94 WESTMINSTER TERRACE						
HILLTOP RECOVERY RESIDENCE BELLOWS FALLS, VT 05101						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			(X5) COMPLETE DATE
R100	Initial Comments:		R100			,
11100	An unannounced of was conducted on Licensing and Protocompliance with the	onsite complaint investigation 5/15/18 by the Division of tection to determine the Residential Care Home ons effective 10/3/2000. No many were identified.				

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE